ligatures being brought out of the angle of the mouth. The patient reacted well, and an anodyne being administered she was removed to the ward. The anodyne was repeated frequently, and she was sustained by liquid nourishment. The sutures were removed the third day; the ligatures came away in due time, and in four weeks she left the house well.

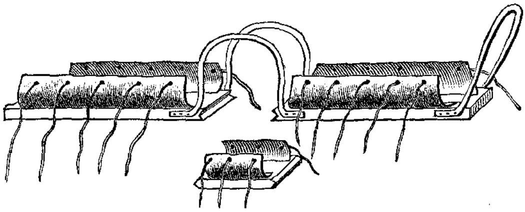
On examining the tumour it was found inclosed by the body of the bone, having distended its walls, particularly the outer one, until they had become exceedingly thin and destroyed in two places, as may be observed in the specimen in the bottle. Its boundary was well defined, though it was not in a capsule; its centre was soft and almost gelatinous, and of a grayish-white colour; and every part of it was easily broken up. On examination under the microscope, cells, angular and attenuated like caudate cells, having dotted contents, with nuclei and nucleoli, and free nucleoli, as observed by Mr. Paget in his description of myeloid tumours, were readily seen. With Mr. Paget, I prefer to believe, however, that the true nature of morbid growths generally is to be apprehended more correctly by examining them as living things, and modes of life rather than conditions of structure determine me in classifying them.

The tumour was evidently a myeloid one, the nature of which has been well described by Mr. Paget, and more recently by Mr. Christopher Heath in his excellent work on Injuries and Diseases of the Jaw, the Jacksonian Prize Essay of the Royal College of Surgeons of England published in 1868.

April 20.—Dr. PACKARD exhibited a splint devised by him, and successfully used, for keeping the lower limb at rest after excision of the knee. A similar arrangement might be employed in cases of compound fracture.

The splint, for which accurate measurements should be taken in each case, consists of a wooden portion, upon which the entire limb rests; leathers are tacked on near its edges, to come up around the limb and give it lateral support, being laced together by tapes passed through eyelet holes. Additional steadiness may be given by the application of pasteboard splints to the upper surface of the limb.

The peculiarity of the apparatus, however, consists in the arrangement for changing the dressings without disturbance of the limb. A portion of the wooden splint is sawn out, opposite the knee or other desired point, and the parts above and below are strongly bracketed together; a slide is then adapted to the gap, as in the cut, so that, the limb lying perfectly undisturbed, the slide may be withdrawn, the dressings changed, and the slide replaced. (See figure.)



An iron arch, screwed to the lower end of the splint, serves to protect the foot from pressure or lateral displacement; and by tying a piece of bandage between it and the brackets, a sort of tent-like arrangement is made so as to keep off the bedclothes from the limb.

By crossing the tapes attached to the leathers of the slide, and tying them to the brackets, a greater degree of lateral support may be given to the affected part. When used, the whole splint is of course carefully padded with folded flannel, or raw cotton, each portion separately.

The plan of this apparatus is so simple, that it may very possibly have suggested itself to other surgeons, although no published description of it has met my eye. I have indeed seen an account of a "bracketed" splint for the femur, based upon that of Desault; but cannot now find it or the reference to it.

(N. B.—My attention has been called to an article by Dr. Mettauer, of Virginia, in the *American Journal of the Medical Sciences* for April, 1869, on a "bridged" splint for compound fractures. The plan and construction of this are, however, entirely different from the one which I have described, three slips of wood being hollowed out at points opposite the seat of injury, and applied with bandages.)

ART. XVI.—*Summary of the Proceedings of the Pathological Society of Philadelphia.*

1869. *November* 26. *Suicidal Hanging.*—Dr. PACKARD gave the following account of a post-mortem examination, at which he had been present by invitation of the coroner:—

Mr. ——, æt. 37, a very strongly built and muscular man, on the 8th of November, 1869, hung himself to a banister in his own house, with a piece of picture cord. The cord was composed of a strong twine, wrapped with soft cotton to give it bulk; it was so short that he could scarcely have had more than six inches fall. He cannot have been hanging more than a very few minutes when he was discovered, and a neighbour summoned, who cut the cord. Death had already occurred.

Autopsy, forty-eight hours after death, the body having been in ice. Rigor mortis very strongly pronounced; the upper surface was very pale, but hypostatic congestion of florid hue was present, except where the body had pressed on the bottom of the box; at all such points the paleness was intense. The face was pale, and not at all swollen; its expression was placid. The parchment-like line of the cord, with a slightly-swollen red ridge on either side of it, ran all round the neck, on a level with the thyro-hyoid membrane, which was very strongly crowded backward, so as to make the upper edge of the thyroid cartilage seem to project.

Scalp normal; veins of dura mater congested, but not intensely so; a curious thin clot staining the bone on either side within the skullcap, corresponding accurately to the attachment of the temporal fascia. It formed an arched line perhaps three-eighths of an inch in width; and a corresponding mark existed on the surface of the dura mater. Brain-substance congested. On the upper surface of the convolutions at either side of the longitudinal fissure, were some slight arborescent ecchymoses, and a very small clot effused. A small quantity of bloody serum in each of the lateral ventricles, and the choroid plexus somewhat congealed. Larynx very large and finely developed; the only perceptible lesion about it was the stretching of the thyro-hyoid membrane by the pressure of the cord.